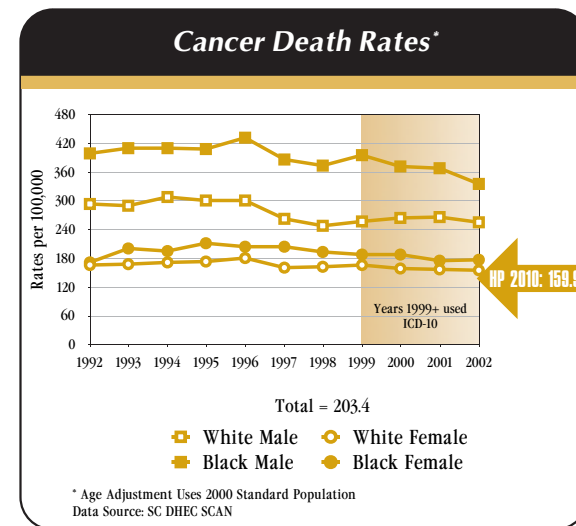


## Chapter 2

### Improve Health for All and Eliminate Health Disparities

*Eliminating health disparities is a national priority embraced by South Carolina. The National Institutes of Health have defined health disparities as “differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.” The conditions that disproportionately affect minorities living in South Carolina are cancer, cardiovascular disease, diabetes, HIV/AIDS, immunizations and infant mortality. Eliminating these specific health conditions coincides with the Healthy People 2010 goals for the nation. If sufficient attention and resources are allocated, a marked reduction in health disparities will occur and an overall improvement in health status for all South Carolinians will be achieved.*



### Early detection of cancers improves outcomes

Higher percentages of ethnic minority women were diagnosed with late stage **breast and cervical cancer** than were white women (41.3 percent and 30.9 percent for breast and 45.5 percent and 25.2 percent for cervical, respectively). A higher percentage of ethnic minority men were also diagnosed with late stage **prostate cancer** than were white men (21.8 percent and 17.1 percent, respectively). The likelihood of cancer survival is lower when diagnosed at a late stage. Early detection helps diagnose cancers in the early stages when treatment is more effective and successful.

Among South Carolina women, **breast cancer** is the most commonly diagnosed cancer, regardless of race. It accounts for 31 percent of all female cancer cases (see cancer-specific charts by adult age groups beginning on page 53). In 2004, approximately 3,300 new breast cancer cases will be diagnosed among South Carolina women, according to the American Cancer Society (ACS).



While **cervical cancer** is preventable, the ACS estimates that in 2004, approximately 160 new cervical cancer cases will be detected among South Carolina women. In addition, South Carolina's death rate of 3.7 per 100,000 is 23.3 percent higher than the U.S. rate.

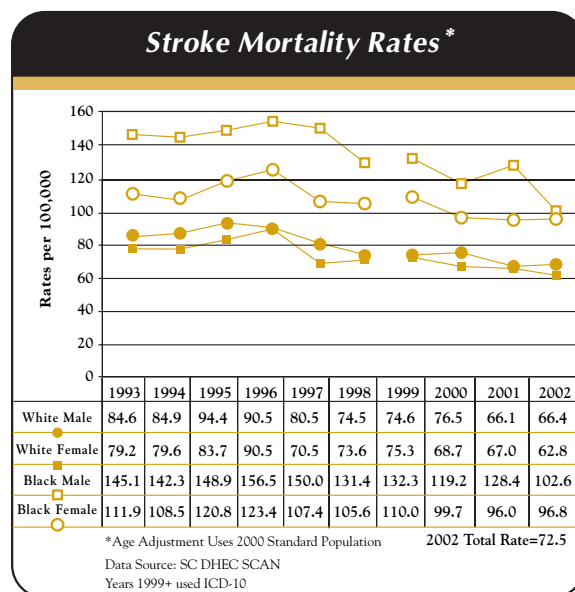
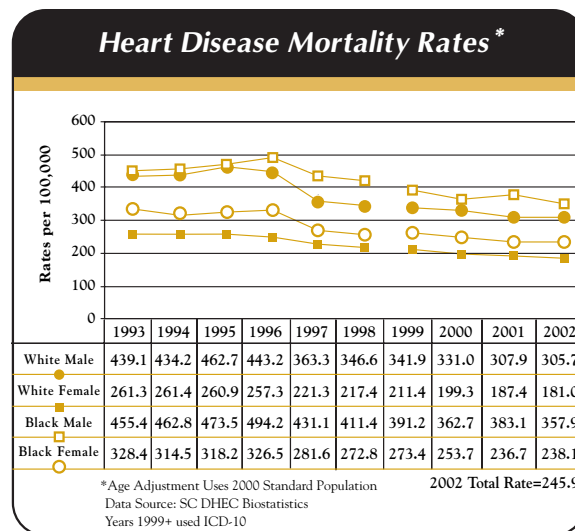
In South Carolina, **prostate cancer** is the most commonly diagnosed cancer among men, regardless of race. It accounts for 30 percent of all male cancer cases. In 2004, approximately 4,770 new prostate cancer cases will be diagnosed among South Carolina men, according to the ACS. In addition, South Carolina's death rate of 41.7 per 100,000 is 26.7 percent higher than the U.S. rate.

► <http://www.scdhec.gov/HS/comhlth/Cancer/index.htm>

## Cardiovascular disease is leading cause of death

**Coronary heart disease** and **stroke** are the principle components of cardiovascular diseases (CVD). These diseases affect African-American men and women more severely than whites. Black men are more than twice as likely to die of cardiovascular disease, while black women have 50 percent more strokes than white women. Cardiovascular disease causes more than 36 percent of all deaths in South Carolina, making it the leading cause of death in the Palmetto State (see heart disease and stroke data by adult age groups beginning on page 55). South Carolina's age-adjusted death rates for stroke (72.5 deaths per 100,000) and heart disease (245.9 deaths per 100,000) in 2002 exceeded the Healthy People 2010 goals of no more than 48 and 166 deaths, respectively, per 100,000.

In response to the crisis, DHEC's Division of Cardiovascular Health has been developing goals and objectives that address cardiovascular disease. Based on the toll that CVD takes on South Carolinians, DHEC, in collaboration





## Improve Health for All and Eliminate Health Disparities



with its partners, is implementing a plan to address the challenges of this disease. This plan focuses on policy and environmental changes toward improved cardiovascular health for South Carolinians. Work site and community wellness programs, as well as health system policy changes, are targets of the efforts (see page 2).

📍 <http://www.scdhec.gov/cvh>

### Diabetes on the rise

Diabetes is the sixth leading cause of death in South Carolina and has an immense impact on public health and medical care. The overall prevalence of diabetes has increased over the past 14 years, from 5.6 percent in 1988 to 8.1 percent in 2001. It increased persistently from 1997 to 2001, with the most dramatic increase (130 percent) among black men. The statewide prevalence in the black and other

ethnic minority populations at 10.6 percent is higher than in the white population (7.3 percent). However, the racial disparity is narrowing, not because of an improvement in the minority rates, but rather because of an increase in the white population. Claiming 1,114 South Carolinians in 2002, diabetes increases an individual's risk for blindness, lower extremity amputation, kidney failure, nerve disease, hypertension, ischemic heart disease and stroke. More than 350,000 South Carolinians are affected by diabetes, many of which are undiagnosed. One of every seven patients in a South Carolina hospital has diabetes. The total direct and indirect costs of hospitalizations and emergency room visits were more than \$928 million for diabetes in 2001.

The complications of diabetes can be prevented or delayed through improved blood sugar control and control of elevated blood pressure and high cholesterol, use of specific drugs for protein loss in urine, improved nutrition, exercise, foot care



and low dose aspirin therapy. The challenge is to make health professionals and individuals with diabetes fully aware of these guidelines and to take immediate medical action.

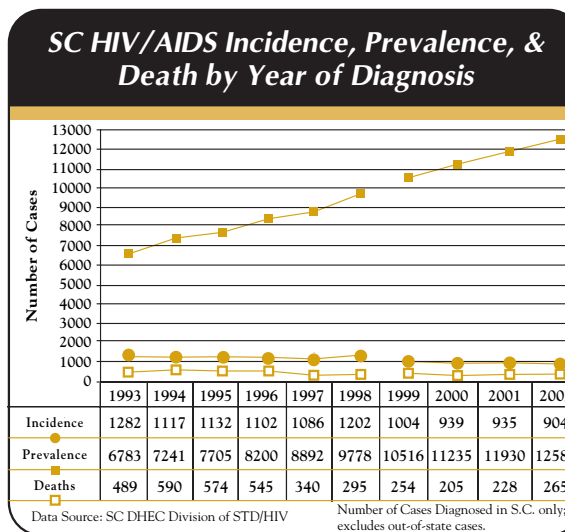
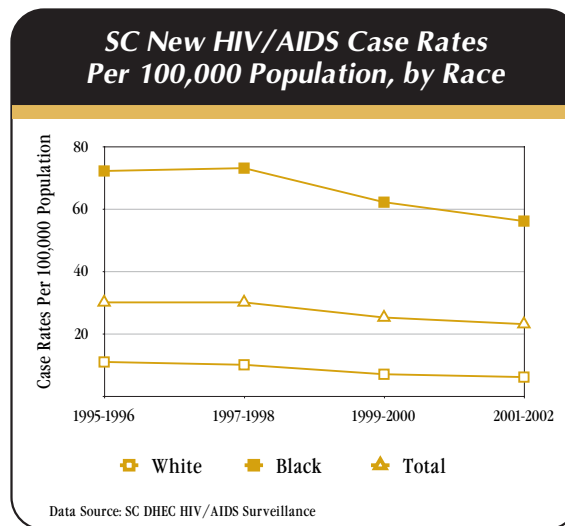
The S.C. Diabetes Prevention and Control Program (SC DPCP) works with providers in office-based practices in medically underserved areas of the state to increase diabetes self-management skills in patients. The SC DPCP has agreements with eight of the 19 state Community Health Centers, which participate in the National Diabetes Collaborative. The SC DPCP works with the centers to improve diabetes care by increasing the percentage of people with diabetes who receive the recommended foot and eye exams, influenza and pneumonia vaccinations, and hemoglobin A1c tests. Likewise, the partnership is working toward reducing health disparities for populations at risk for diabetes.

► <http://www.scdhec.gov/hs/comhlth/diabetes/index.asp>

## HIV/AIDS continues to rise

South Carolina ranked seventh among states and the District of Columbia with a case rate of 20.3 per 100,000 for AIDS cases reported through December 2002, according to the Centers for Disease Control and Prevention HIV/AIDS Surveillance Report. The number of people living with HIV, including AIDS, continues to steadily increase in South Carolina. As of December 2002, there were more than 12,500 people living with HIV/AIDS. More than 900 persons are newly diagnosed with HIV (including AIDS cases) each year. New HIV treatments and strengthened HIV care services have contributed to a 55 percent decrease in deaths due to HIV/AIDS from 1994 through 2002.

- African-Americans account for 30 percent of the state's population, but 77 percent of the HIV/AIDS cases recently diagnosed in South Carolina.





## Improve Health for All and Eliminate Health Disparities

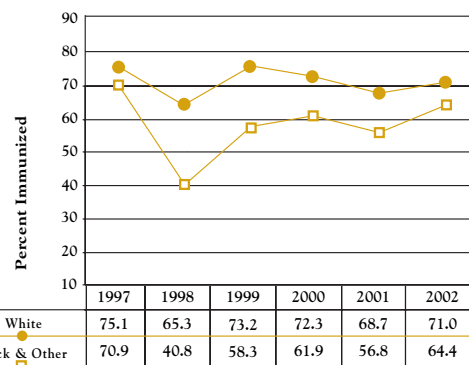
- African-American men and women have been hardest hit by the epidemic. Three of every four men becoming infected are African-American (75 percent), and more than eight of every 10 women diagnosed (84 percent) are African-American.
- Youth and young adults of all races 13-24 years accounted for 13 percent of the new HIV/AIDS diagnosed in South Carolina.
- The rate per 100,000 population in 2002 of people living with HIV/AIDS is five times higher for black males than for white males and 12 times higher for black females compared with white females.
- Reported HIV/AIDS case rates are nine times higher for African-Americans compared with whites in South Carolina.

### Flu, pneumonia vaccination disparity improving

Influenza (the flu) and pneumonia together are the eighth leading cause of death in South Carolina, claiming 908 residents in 2002. Nationally, about 20,000 deaths a year are attributed to flu. Ninety percent of deaths from the flu occur among people ages 65 and older (see page 44). Medicare costs for influenza-related hospitalizations in the United States can reach \$1 billion each year. A one-time dose of pneumonia vaccine and annual flu shots are the primary methods for preventing these diseases and their severe complications. (For S.C. and U.S. comparison on pneumonia vaccination, see page 64.)

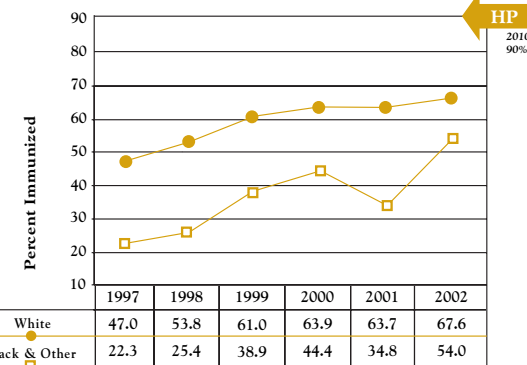
While South Carolina's pneumonia and influenza vaccination rates for both non-Hispanic whites and non-Hispanic African-Americans over age 65 are slightly better than the national average, rates for African-Americans

**Persons Ages 65+ Who Ever Received an Influenza Vaccine by Race**



Data Source: SC DHEC BRFS

**Persons Ages 65+ Who Ever Received a Pneumococcal Vaccine by Race**



Data Source: SC DHEC BRFS

remain lower than rates for whites. However, data show disparity gaps are closing for both of these preventive measures. The pneumococcal vaccination disparity gap closed from 28.9 percent in 2001 to 13.6 percent in 2002. The influenza vaccination disparity gap closed from 11.9 percent in 2001 to 6.6 percent in 2002. Flu and pneumonia vaccination rates for South Carolina's Hispanics are not available.

An important role for clinicians and public health professionals is educating patients about the benefits and risks of annual influenza vaccination and appropriate pneumonia vaccination. Accurate information and messages play an important role in helping people overcome past perceptions and make the important decision to receive a vaccination.

► <http://www.scdhec.gov/HS/diseasecont/immunization/about.htm>

## Infants die at disparate rates

Infant mortality is one of the six priority health disparity areas in South Carolina and should be included in any health disparity effort. The infant death rate for African-Americans in South Carolina (15.4 deaths per 1,000 live births in 2002) is more than twice that of whites (5.9 deaths per 1,000 live births). The percent of African-American babies born with low birth weight (14.5) is almost twice that of whites (7.5). Nationally, African-American mothers in every age category—not just teens—have a greater risk of losing their babies than white mothers of similar age. College-educated black women also experience a disparate rate of infant deaths. Planning pregnancy and receiving early and adequate prenatal care are steps toward improvement, but not the only solutions (see pages 18 and 51 for more data and information on infant deaths).





## Improve Health for All and Eliminate Health Disparities

### Ongoing challenges, new approaches

#### *New approaches can address HIV/AIDS crisis*

While the number of new HIV infections diagnosed each year appears to be level, people are still being diagnosed late in their disease. Forty-one percent first find out that they have HIV less than one year before AIDS diagnosis. The Centers for Disease Control and Prevention estimates that one in four Americans living with HIV are unaware of their infection, and most new infections are from people who do not know they are infected.

New approaches to fighting HIV include urging more HIV testing in both medical and non-medical settings for early diagnosis and entry into treatment and prevention services. New rapid HIV tests delivered by community organizations and local health departments will help reach people earlier in South Carolina.

#### *Partnership continues health disparity focus*

The S.C. General Assembly has directed DHEC to develop a plan to eliminate health disparities by eliminating duplication and coordinating state and federal resources and services. As a result, DHEC assembled a work group involving stakeholders with a responsibility for ensuring the health of South Carolina's citizens. The **Health Disparities** Workgroup was chaired by the DHEC deputy commissioner for Health Services and staffed by DHEC's Office of Minority Health. The work group was composed of representatives from state agencies and other public and private organizations.

The work group developed seven recommendations to assist in coordinating efforts and implementing

strategies to reduce health disparities in South Carolina. The recommendations are:

- create a single, shared definition for health disparity and health disparity initiative;
- establish a health disparity board;
- develop a statewide database of health disparity programs and initiatives;
- establish a system of accountability for outcomes;
- invest more funding in prevention and education;
- establish opportunities for collaboration and partnership development; and
- implement models of community development.

DHEC's Office of Minority Health is developing a statewide database for health disparity programs and initiatives, and collaboration and partnership efforts that address health disparities have increased substantially.

➤ <http://www.scdhec.gov/HS/omh/index.html>

#### *Obesity results in both economic and health consequences*

The prevalence of adult obesity in South Carolina costs \$1 billion in medical expenditures, with about half of the costs being funded by Medicare and Medicaid. Obesity-related expenditures represent approximately 6 percent of South Carolina's annual health care bill, according to research published in January 2004 in the journal *Obesity Research*.

Adult obesity is a risk factor for major health conditions, including diabetes, heart disease, high blood pressure, stroke, gallbladder disease, certain cancers, and osteoarthritis (see adult obesity data, page 60). Such conditions and disease



processes will continue to increase the costs to the health care system.

DHEC is implementing the first year of a grant that will address obesity issues. Efforts will focus on balancing caloric intake and expenditure; increasing fruit and vegetable consumption; increasing breastfeeding; increasing physical activity; and decreasing patient screening time. The grant will help bring together a statewide partnership to address obesity prevention and control with representatives from nonprofits, academia, health care, private partners and others. The target populations are community organizations, schools, health care settings and work sites. A statewide comprehensive plan to address obesity prevention and control will be developed. This will document the impact that obesity is having within our state and outline goals and activities that can reduce this impact.

### Additional resources:

American Cancer Society

► <http://www.cancer.org>

Centers for Disease Control and Prevention  
Office of Minority Health

► <http://www.cdc.gov/omh/default.htm>

National Institutes of Health

► <http://www.nih.gov>

